



WISCONSIN CATHOLIC CONFERENCE

TESTIMONY IN OPPOSITION TO SB 151: ASSISTED SUICIDE
Presented to the Senate Committee on Public Health, Senior Issues,
Long Term Care and Privacy
January 23, 2008

Thank you for the opportunity to testify on Senate Bill 151. My name is Barbara Sella and I'm the Associate Director for Respect Life and Social Concerns at the Wisconsin Catholic Conference.

The Wisconsin Catholic Conference is strongly opposed to this proposed legislation. Not only does it involve the taking of human life, but it also weakens rather than strengthens the bonds of human solidarity.

Assisted suicide raises questions that are profoundly personal and heart wrenching. Yet, it is in these very moments that we are most in need of principles to guide our choices and to define the limits of our actions.

The first of these principles is that human life is sacred, a gift with which we are endowed by God. Hence, it is inalienable.

This is not merely a "Catholic" proposition, nor a uniquely Christian one. It is, rather, a "self-evident" proposition, recognized as such by the Founders and reaffirmed by Lincoln at Gettysburg when he dedicated the nation to a new birth of freedom, but a freedom under God's providence.

The second principle is that human life is social. We humans, by our nature, are bound to each other. Any decision that violates basic rights or that devalues life affects other types of behavior and other choices. Such decisions are never a purely private matter or choice.

Because human life is both sacred and social, we regularly exhort our fellow citizens to embrace a consistent life ethic that calls us to evaluate all decisions in the light of their impact on human life and dignity. Physician-assisted suicide is a rejection of this ethic because it involves a direct attack on human life.

Supporters of assisted suicide stress that personal freedom means that one should be able to choose the time, place, and manner of one's own death in order to die with dignity.

If choice is what matters most, then it is difficult to justify imposing any limit on that choice. Why must death be expected in six months, as the bill provides? Why have any time limit at all?

Why limit the right to die to the terminally ill? Many chronically ill persons may be experiencing greater suffering, for a more extended period, and at greater cost to themselves, their families, and society.

If the goal of assisted suicide is to avoid pain and suffering, why limit this bill only to those who patients who are capable of making an informed choice? What about non-competent patients who are suffering and who are not capable of expressing their desire to die? What about infants?

We simply cannot go in this direction.

These concerns are not merely academic. If we look to the Netherlands, where assisted suicide and euthanasia is widely practiced, it is clear that all the scenarios outlined above have come to pass. Doctors have assisted not just the terminally ill to die, but those who are completely symptom free, those who are severely depressed, and those who have not voluntarily consented to ending their lives.

Furthermore, since the publication of the Netherlands' Groningen Protocol in 2004, the Dutch permit doctors to euthanize newborns born with serious disabilities, like severe spina bifida.

In other words, the justifications used to allow a competent person to kill himself have led to doctors killing incompetent persons.

Human freedom and personal choice are not absolute values or rights. We limit individual action when one person's unfettered choice can easily lead to the degradation or destruction, not just of her life, but of others as well. In short, the law places some limits on freedom and choice in the interest of protecting human life and dignity.

If our law does not recognize a person's choice to become a prostitute or a slave, how can it permit her to use the argument of freedom in order to be killed? Personal freedom and choice cannot trump the inalienable right to life.

It does not follow, however, that a terminally ill patient is obligated to accept or employ every means of treatment just to stay alive. Catholic moral teaching makes a clear distinction between ordinary and extraordinary means of care, between accepting death and choosing to cause it. If a patient chooses to forego aggressive (i.e. extraordinary) treatment for advanced cancer, she is not choosing death. Rather, she is choosing life without the burden of extraordinary medical intervention.

On the question of pain and suffering, there is a distinction to be made between the two.

Pain is physical and very real for the dying person. Everything possible should be done to reduce and alleviate it, and indeed, enormous strides are being made in the area of palliative care. Catholic medical ethics permits the use of powerful painkillers even when they may have the unintended side effect of shortening a patient's life.

Suffering, though very real, is not solely a matter of physical discomfort. Suffering is also a matter of emotional and psychological anguish. Persons near death anguish for their families and care-givers. Loved ones often suffer for those dying.

We can never remove all suffering without taking away our human nature. But we can ease most suffering. As individuals and as a society, we can and must comfort dying persons and reassure them that we value their continued presence. We can and must tell them that their dependency does not diminish their inherent dignity. We can and must affirm that their lives still matter.

One final concern with Senate Bill 151 is the requirement that the attending physician either fulfill the patient's request for medication to end her life or "make a good faith attempt to transfer" the patient to another physician who will provide the medication. A physician who refuses or fails to make a good faith effort to transfer shall be guilty of unprofessional conduct.

To force anyone to become complicit in a suicide is morally wrong.

For all these reasons, the Wisconsin Catholic Conference urges you to oppose this legislation.

Thank you.